## ACQUISITION PROFESSIONAL DEVELOPMENT PROGRAM LEVEL II Application

for All Air Force Officer Reserve/IMA's POCs: Capt Mimi Murphy, 703-588-7018 or Ms. Elizabeth Coleman, 703-588-7017

Name	Rank _	SSAN	
E-Mail Address		Office Symbol	
Mail Address		Office	
Phone			
1. Level ICertification Date:			
<b>2. Experience</b> : <b>Minimum of two</b> (determined by review of applicant's		<b>experience</b> , DAFSC 64PX/6XOXX DP Surf)	
3. Training requirements: Mail a SAF/AQCX,1060 Air Force Pentagon (AFMC personnel submit your app.	, Washington DC 2033		or
In submitting this application I have ensure properly reflected in my official records.  Note: If personnel records are incomp	(Applicant's Signature)		are
a. CON 202 INTERMEDIATE CO	opriate space and comp	plete applicable information):	
(Date completed) (Course name, Date completed)	leted)		
b. CON 204 INTERMEDIATE CO	NTRACT PRICING (I	<b>Bu6)</b> [Predecessors: See DAU Catalog]	
Actual course	or DoD Equivalen	nt course	
(Date completed) (Course name, Date comp	leted)		
c. CON 210 GOVERNMENT CON	NTRACT LAW (BDP)	[Predecessors: See DAU Catalog]	
Actual course	or DoD Equivalen	nt course	
(Date completed) (Course name, Date completed)	leted)		
<b>4. Commander's / Supervisor's</b> I recommend the above individual fo		el III.	
		(Signature and Date)	

## Type or Stamp Signature Block →

## PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force, powers and duties; delegation by. PURPOSE: Collect and maintain education,

training, and experience data for certification of acquisition personnel. ROUTINE USES: This data may be disclosed for any other routine uses

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